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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN APPLICATION AS FILED - PART I OR SWALL ENTITY SMALL ENTITY (Cotumn 2) (Column 1) RATE (\$) FEE (\$) FEE (\$) NUMBER EXTRA RATE (\$) NUMBER FILED FOR NA BASIC FEE NA NA [37 CFR 1.16(+), (b), or (c)] N/A -N/A SEARCH FEE NVA N/A (37 CFR 1.16(k) (), or (m)) NA N/A **EXAMINATION FEE** N/A N/A (37 CFR 1.16(0), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(1)) OR minus 20 • INDEPENDENT CLAIMS • Caurim (37 CFR 1.16(h)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each FEE (37 CFR 1.16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). NA NA MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) TOTAL TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Calumn 3) (Column 2) (Column 1) HIGHEST CLAIMS RATE (\$) ADOI-ADOI-PRESENT RATE (\$) REMAINING NUMBER TIONAL TIONAL AFTER **EXTRA** PREVIOUSLY FEE (S) FEE (\$) PAID FOR **FN**T AMENOMENT 50 Total ar CFR 1.H(t)) Minus OR AMENDM 200 Minus Independent (UF CFR 1.16(h)) OR Application Stre Fee (37 CFR 1.16(6)) N/A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(1)) N/A TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS REMAINING RATE (\$) ADDI-ADOI-PRESENT RATE (\$) NUMBER PREVIOUSLY TIONAL TIONAL EXTRA FEE (S) AFTER FEE (\$) PAID FOR ENT AMENDMENT Minus Total OR ENDM Ξ Minus OR Application Size Fee (37 CFR 1.16(s)) N/A OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) N/A TOTAL TOTAL OR ADO'L FEE ADO'L FEE If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the Trighest Number Previously Paid For IN THIS SPACE is less than 3, enter 20.

The Trighest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete uses. Any comments including althoring, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including case. Any comments including althoring, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the included case. Any comments including althoring, preparing, and submitting the completed explication for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient on the emount of time you require to complete this form sudfor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.